

1st Armored Division Claims Office



09-06

LOSS/DAMAGE TO PERSONAL PROPERTY IN QUARTERS OR OTHER AUTHORIZED PLACES INSTRUCTIONS FOR FILING A CLAIM FOR (AR 27-20, CHAPTER 11)

To ensure adequate compensation for property lost or damaged while in quarters or other authorized places, it is essential that you comply with the following requirements. **Do not allow the two year statute of limitation period to file your claim expire.** If you have any questions on completing your claim, please feel free to call the Claims Office at **DSN 337-4711** or **CIV (0611) 705-4711**. **If you wish to submit a claim, please make an appointment, or walk in on any Wednesday between 0900-1100 or 1300-1500 (except on German Holidays).**

Who may present a claim?

A claim must be presented and signed (completed in ink and signed) by the owner of the property that was lost or damaged at an authorized place incident to his/her military service or employment, or presented in his/her name by a duly authorized agent or legal representative in the owner's name signed and completed in ink by the authorized agent or legal representative, who must present a valid Power of Attorney.

When must your claim be filed?

Your claim must be filed in writing (preferably by submitting DD Form 1842 and DD Form 1844) within two years of the date of the incident causing the loss or damage. This two year requirement is established by law. **IT CANNOT BE WAIVED!**

Private Insurance?

If your loss or damage is covered by private insurance, you **must file and settle your claim against the insurance before your claim against the Government may be paid.** Check your policy for the time prescribed for filing. A copy of: (1) your insurance policy; (2) your demand against your insurer, and (3) the insurance settlement must be submitted with your claim. Failure to do so may result in a reduction of the amount otherwise allowable or in a denial of your claim.

Do not dispose of any destroyed/damaged property until your claim is settled

The Claims Office may have to inspect the damaged property. Obtain estimates of repair as explained in this guide, but do not have the actual repair done without consulting the Claims Office. If you are paid for the replacement cost of property, less any applicable depreciation, ownership of that property passes to the government. Accordingly, you may be required by the Claims Office to turn in the damaged property to the Defense Reutilization and Marketing Office (DRMO) in Mainz-Kastel before payment of your claim. The necessary documents for turn-in will be furnished to you by the Claims Office. If you choose to retain the item, salvage value will be deducted from the amount allowable.

CHECKLIST AND EXPLANATION OF DOCUMENTS REQUIRED BEFORE YOUR CLAIM MAY BE PAID (If you are getting close to your 2 year statute of limitations or are deploying, make sure you submit DD Form 1842 or other written demand, all other documentation may be submitted later):

____ **DD Form 1842 - Claim for Personal Property against the United States.** Read the instructions on the form carefully. State the date, place, facts and circumstances in your own words. Statements such as “MP Report attached” are not acceptable.

NOTE: If you have private insurance covering your claim, answer #3.a and #3.b accordingly. Ensure that you, or your agent-in-fact, have signed and dated the claim.

____ **DD Form 1844 - Schedule of Property and Claim Analyses Chart:** If you have more than one item enter #1, 2, 3, etc.

Quantity: e.g. 2 (tires).

Damaged or Lost Item: Describe the item in detail (for appliances, indicate brand name, model number, size, etc.) If the damaged item is a POV, list make, model, year, and describe the parts damaged or lost.

Original Cost/MM/YY Purchased: Enter the amount you paid for the item and the month and year you purchased the item. If you purchased an item used or received it used as a gift, indicate this (i.e., purchased/gift used, and add the date you purchased or received the used item).

Amount Claimed/Repair Cost/Replacement Cost: Enter the amount from the estimate of repair, or the amount agreed upon with the Claims Office in the repair cost column (upper part of the column). If the item was stolen or is damaged beyond economic repair or the item is missing, enter the replacement cost (lower part of the column).

____ **Estimate of Repair (Not needed if a Cost of Repair or Loss of Value was agreed upon with the Claims Office):** An estimate of repair may be obtained from AAFES Service Mart, or from local repair firms, (a list of local repair firms may be obtained from the Claims Office). For nominal repairs which do not warrant a written estimate, you may agree on a cost of repair within \$100.00, provided it is for visible external damage. However, the Claims Office must inspect the item if more than \$50.00 is claimed.

Estimates from local firms will include 16% value added tax (VAT). This tax will

usually not be paid, since you can avoid paying the VAT by processing the tax relief documentation through the Tax Relief Office. The tax relief fee in the amount of \$4.00, however, may be claimed. You may also be required to pay an estimate fee, which is reimbursable under most circumstances (i.e., provided your claim is payable, if the firm does not subtract that fee from the repair bill, and the estimate fee is not inflated, etc.), and should be included in your claim as the last item on DD Form 1844. **EXPERT OPINION FEES ("GUTACHTEN") ARE GENERALLY NOT COMPENSABLE!!!**

___ **An estimate is required for the following items:** _____

___ **Replacement Cost:** You must determine the replacement cost for a new item which is identical or substantially similar to the item which was lost or destroyed beyond economic repair. In most cases replacement costs for these items can be obtained from your local AAFES/PX Outlet. If AAFES does not carry an item that is substantially similar to yours, replacement costs may also be obtained from a local merchant or a mail order catalog, or you can use the Internet. A written statement reflecting that the replacement item is similar/comparable to the one you owned is required (a preprinted form for use of AAFES/PX may be obtained from the Claims Office). **The Claims Office has a master listing from AAFES/PX containing the replacement costs for most electronic equipment.** You may use this list at our office. If a catalog is used to substantiate replacement cost, make a copy of the page used, provide the name of the company, the catalog edition, and the page number, or bring the catalog with you when you file your claim. If a bill of sale or an invoice is used, ensure the description of the item and the price are clearly reflected on the document. If the Internet was used, bring a printed copy of web page or provide the web page address to the Claims Office.

___ **Replacement cost verification is required for the following items:** _____

___ **Proof of Ownership:** You must substantiate ownership of the lost, damaged or destroyed item. For a POV, normally your vehicle registration suffices. For other items purchase receipts or similar evidence such as invoices, bills of sale, canceled checks, credit card statements, etc. are required if more than \$100.00 is claimed for an item. If you are not in possession of such evidence, owner's manuals, prior appraisals, photographs, etc. may help substantiate that you owned the item.

___ **Inspection:** Bring the POV or other items, that you can carry, to the Claims Office for visual inspection.

The following items need to be inspected by claims personnel: _____

___ **Copy of the MP Blotter:** (or at least the MP Report number) for items that were damaged on the installation or your government residence.

___ **Private Insurance:** Copy of Insurance Policy, your demand to the insurance company, and the insurance settlement are required if your loss/damaged is covered by private insurance.

If you did not have private insurance, read, sign, and date the attached insurance statement.

___ **Verification of Loss/Damage** from DPW/Unit (signed by an E-6 or above): If, for example, you suffer loss or damage from water damage, power surge, etc.

___ **Copy of Housing Rental Contract/Quarters Assignment:** If the loss or damage occurred at your off post residence or assigned quarters.

___ **Completed Direct Deposit Form** (sample attached) for the Finance Office (Electronic Fund Transfer Payment only!).

Additional information may be required by the Claims Office depending on the circumstances of the incident giving rise to your claim.

Reconsideration:

If you provide us with the necessary documentation described above, we will fairly and promptly adjudicate your claim. However, if you disagree with the adjudication of your claim, or if you wish to make a supplemental claim for any loss, damage, or incidental expenses (e.g. as estimate fees, drayage, or sales tax, etc.) which were not previously claimed, you may request reconsideration. Under the provisions of Army Regulation 27-20, paragraph 11-20, you have **60 days from the date of settlement or disapproval of your claim to request reconsideration.** Your request for reconsideration **must be in writing and addressed to the Claims Office.** Make sure you clearly state your factual or legal basis for relief, and attach any additional evidence you want considered. To avoid delays in processing, please notify the Claims Office within **ten (10) days** if you intend to request reconsideration. If you do not inform us of your intent to request reconsideration within 10 days, your claim will be forwarded for record retirement and it will take us some time to retrieve the file.

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

PART I - TO BE COMPLETED BY CLAIMANT *(See reverse side for Privacy Act Statement and Instructions)*

| | | | | |
|--|--|---|--------------------------------------|---|
| 1. NAME OF CLAIMANT (Last, First, Middle Initial) CLAIMANT, LARRY D. | | 2. BRANCH OF SERVICE ARMY | 3. RANK OR GRADE E-7 (SFC) | 4. SOCIAL SECURITY NUMBER 555-55-5555 |
| 5. HOME ADDRESS (Street, City, State and Zip Code) 1313 MOCKINGBIRD LANE, ANYTOWN, TX 00000 | | 6. CURRENT MILITARY DUTY ADDRESS (if applicable)(Street, City, State and Zip Code) HHC, 1AD, CMR 467, Box 5555 APO, AE 09096 | | |
| 7. HOME TELEPHONE NO. (Include area code) SELF EXPLANATORY | | 8. DUTY TELEPHONE NO. (Include area code) SELF EXPLANATORY | | 9. AMOUNT CLAIMED \$FILL IN TOTAL |
| 10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use Additional sheets if necessary.) My quarters were broken into on 12 January 2005 and my DVD player was taken. I filed an MP report at the time of the incident. The lock on my door was faulty and had been reported to housing and DPW on several occasions. The perpetrator was able to enter my quarters through the faulty front door as determined by the MP and DPW. | | | | |
| BLOCKS 11 THROUGH 15 MUST BE CHECKED AS APPROPRIATE. IF THEY ARE NOT, YOUR CLAIM WILL NOT BE CONSIDERED. READ NO. 16 BEFORE SIGNING! | | | | |
| | | | | YES |
| | | | | NO |
| 11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g. say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.) | | | | |
| 12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes", attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.) | | | | |
| 13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes", attach a copy of your correspondence with the carrier or warehouse firm.) | | | | |
| 14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes", indicate this on your "List of Property and Claims Analysis Chart", DD Form 1844.) | | | | |
| 15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes", indicate this on your "List of Property and Claims Analysis Chart", DD Form 1844.) | | | | |
| 16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM: If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind. I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage. I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the Incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted. | | | | |
| 17. SIGNATURE OF CLAIMANT (or designated agent) <div style="text-align: center; font-size: 1.2em; font-weight: bold;">MUST BE SIGNED!</div> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">LEAVE PART II BELOW BLANK</div> | | | | 18. DATE SIGNED (MMYYDD) Date when submitting form to claims office |
| PART II - CLAIMS APPROVAL (To be completed by Claims Office) | | | | |
| 19. PROCEDURE (X one) | | 20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a | | AMOUNT AWARDED |
| a. SMALL CLAIMS | | proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated: | | \$ |
| b. REGULAR CLAIMS | | | | |
| 21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized.) | | | | |
| a. CLAIMS EXAMINER | | b. DATE SIGNED (MMDDYY) | c. REVIEWING AUTHORITY | d. DATE SIGNED (MMDDYY) |
| e. TYPED NAME AND GRADE OF APPROVING AUTHORITY | | | f. SIGNATURE OF APPROVING AUTHORITY | g. DATE SIGNED (MMDDYY) |

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

PART I - TO BE COMPLETED BY CLAIMANT (See reverse side for Privacy Act Statement and Instructions)

| | | | | |
|---|---|---|---------------------------|----|
| 1. NAME OF CLAIMANT (Last, First, Middle Initial) | 2. BRANCH OF SERVICE | 3. RANK OR GRADE | 4. SOCIAL SECURITY NUMBER | |
| 5. HOME ADDRESS (Street, City, State and Zip Code) | | 6. CURRENT MILITARY DUTY ADDRESS (if applicable)(Street, City, State and Zip Code) CMR BOX APO AE | | |
| 7. HOME TELEPHONE NO. (Include area code) | 8. DUTY TELEPHONE NO. (Include area code) | 9. AMOUNT CLAIMED \$ | | |
| 10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use Additional sheets if necessary.) | | | | |
| | | | YES | NO |
| 11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g. say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.) | | | | |
| 12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes", attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.) | | | | |
| 13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes", attach a copy of your correspondence with the carrier or warehouse firm.) | | | | |
| 14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes", indicate this on your "List of Property and Claims Analysis Chart", DD Form 1844.) | | | | |
| 15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes", indicate this on your "List of Property and Claims Analysis Chart", DD Form 1844.) | | | | |
| 16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM: If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind. I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage. I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the Incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted. | | | | |
| 17. SIGNATURE OF CLAIMANT (or designated agent) | | | 18. DATE SIGNED (MMYYDD) | |

PART II - CLAIMS APPROVAL (To be completed by Claims Office)

| | | | |
|--|---|-------------------------------------|-------------------------|
| 19. PROCEDURE (X one) | 20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated: | AMOUNT AWARDED \$ | |
| a. SMALL CLAIMS | | | |
| b. REGULAR CLAIMS | | | |
| 21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized.) | | | |
| a. CLAIMS EXAMINER | b. DATE SIGNED (MMDDYY) | c. REVIEWING AUTHORITY | d. DATE SIGNED (MMDDYY) |
| e. TYPED NAME AND GRADE OF APPROVING AUTHORITY | | f. SIGNATURE OF APPROVING AUTHORITY | g. DATE SIGNED (MMDDYY) |

| | | | | | | | | | | | | | |
|---|-----------|---|---------------|-----------------------------|--------------------------------------|--|--------------------------------------|--------------------------|--------------------|---------------------------|-------------------------|---------------------------|-----------------------|
| 1. NAME OF CLAIMANT (Last, First, Middle Initial) | | | | 3. PICK-UP DATE (MMDDYY) | | LIST OF PROPERTY AND CLAIMS ANALYSIS CHART ITEMS 14 THROUGH 31 TO BE FILLED OUT BY CLAIMS OFFICE | | | | | | | |
| 2. CLAIMANT'S INSURANCE COMPANY (If applicable) | | | | 4. DELIVERY DATE | | | | | | | | | |
| a. NAME | | b. POLICY NO. | | | | 14. ORIGIN CONTRACTOR | | 17. 2ND CONTRACTOR | | 21. CLAIM NUMBER | | 22. NET WT/MAX CAR LIABLE | |
| 5. LINE NO. | 6. QTY | 7. LOST OR DAMAGED ITEMS (Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING".) | 8. INV NO. | 9. ORIGINAL COST | 11. AMOUNT CLAIMED a. REPAIR COST | 15. INVENTORY DATE (MMDDYY) | 18. EXCEPTION SHEET DATE (MMDDYY) | | 23. GBL NUMBER | | 24. LOT NUMBER | | |
| | | | | 10. MM/YY PURCHASED | b. (OR) REPL COST | 16. EXCEPTIONS | 19. INV NO. | 20. EXCEPTIONS | 25. AMOUNT ALLOWED | 26. ADJUDICATOR'S REMARKS | 27. ITEM WT | 28. WARE-HOUSE LIABILITY | 29. CARRIER LIABILITY |
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | |
| 12. REMARKS: | | | | 13. TOTAL AMOUNT CLAIMED | \$ | | | 30. TOTAL AMOUNT ALLOWED | \$ | | 31. 3RD PARTY LIABILITY | \$ | \$ |

1st ARMORED DIVISION CLAIMS OFFICE

ELECTRONIC FUNDS TRANSFER ACCOUNT INFORMATION

PERSONAL INFORMATION

Name: _____

SSN: _____

Unit: _____

Phone: _____ (duty) _____ (other)

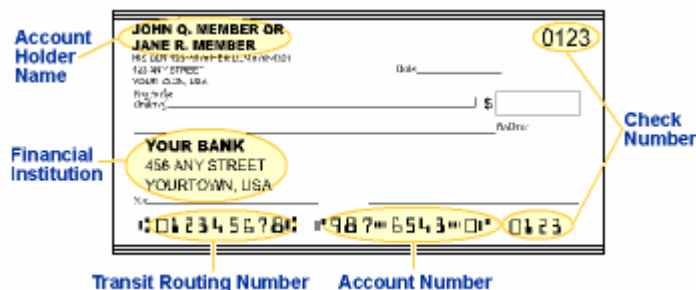
BANK ACCOUNT INFORMATION

Bank or Financial Institution: _____

Type of Account: Checking ☐ Savings ☐

Routing Number: _____
(This is the 9-digit number between the |: symbols at the bottom of your check.)

Account Number: _____



I understand that I am responsible for the accuracy of the information that I have provided to the Wiesbaden Claims Office in order to allow payments to the account that I have specified.

(Signature)



1st Armored Division Office of the Staff Judge Advocate Claims Survey



Wiesbaden Legal Center

Welcome to the Claims Office.

The Office of the Staff Judge Advocate is committed to providing you quality legal services. Our goals are to quickly process your claim and establish a friendly and helpful atmosphere throughout the entire claims process. Please take a moment to fill out this survey to let us know how we are doing. Your comments are important. You may contact the Chief of Claims if you have any questions.

BRETT WARCHOLAK
CPT, JA
Chief of Claims

DSN 337-4713
CIV: 0611-705-4713

Providing the following information is optional.

Name: _____
Date: _____
Unit: _____
Phone: _____

1. Please rate the overall service you received regarding your claim:
___ Excellent ___ Good ___ Fair ___ Poor

2. Do you believe your claim was settled in a fair manner?
___ Yes ___ No

If not, with whom did you deal and what was the problem?

3. Were the written instructions and the oral directions from the claims personnel adequately explained to you?
___ Yes ___ No

If no, what instructions were unclear and need improvement?

4. If your claim could not be paid in full, were you given a satisfactory explanation concerning the method of computing the amount that the claims office offered to pay?
___ Yes ___ No

If not, what did we fail to explain?

5. If you had repair work accomplished on your damaged items, please rate the repair facility you used below:

| <u>Firm</u> | <u>Item repaired</u> | <u>Rating</u> | <u>Comments</u> |
|-------------|----------------------|---------------|-----------------|
|-------------|----------------------|---------------|-----------------|

6. Other comments/suggestions: _____
